

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-15778		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.							
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH: 09 11 14 Thursday			TIME: MILITARY 1000						
CRASH OCCURRED ON 401 Justice Drive						WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)							CITY CODE 8321						
LOG-1		LOG-2		LOC JUR FH9 FILT															
A UNIT NO. 1		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT													
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Unknown						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)													
PHONE NO.		BIRTH DATE		AGE SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS						PHONE							
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.							
												TOWING SERVICE							
												VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT													
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)													
PHONE NO.		BIRTHDATE		AGE SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) Evans, Tanya						ADDRESS 9233 Arrow Creek, Oregonia, Oh 45054						PHONE 513-505-8716							
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.							
		Dodge		Durango		Maroon		SW		Oh		FSZ1479							
												TOWING SERVICE							
												VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION				INJURIES					
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F					
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE						1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS				PHONE		SEX											
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE						CONDITION A B C D E F					
		ADDRESS				PHONE		SEX											
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
		ADDRESS				PHONE		SEX											
A B C		INJURED TAKEN TO				By				A B C D E F				ALCOHOL					
D E F		INJURED TAKEN TO				By				A B C D E F				A B C D E F					
A B C		INJURED TAKEN TO				By				A B C D E F				A B C D E F					
D E F		INJURED TAKEN TO				By				A B C D E F				A B C D E F					
A		OFFENSE CHARGED AND DESCRIPTION				By				A B C D E F				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED					
O		OFFENSE CHARGED AND DESCRIPTION				By				A B C D E F				EJECTION					
RECEIVED CALL 1000		DISPATCHED 1000		ARRIVED 1018		CLEARED 1025		OTHER TIME		TOTAL MINUTES 00OffOff		A B C D E F				A B C D E F			
DATE REPORT FILED 9 12 14		PHOTOS YES NO		OFFICER'S NAME S. Drake		BADGE NO. 118		CHECKED BY		A B C D E F				A B C D E F					
M D Y		YES NO		S. Drake		118				1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					